THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 128. PHILADELPHIA, APRIL 2, 1859. NEW SERIES, VOL. II. NO. 1.

Original Communications.

On Fractures through the Inferior Extremity of the Radius — Their Direction and the Causes of the Deformity.

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Does "Barton's fracture" exist, and, if so, what is its direction, seat, and the mechanism of the deformity?

The difference of opinion among surgeons in reference to the seat of fracture in those cases of deformity that supervene on falls on the hand, is well known to the profession. Thus Dupuytren[1] says, "the fracture may occur transversely or obliquely, from three or six lines to one inch or an inch and a half from the surface of the articulation."

Colles[2] describes the injury as one previously unnoticed by any author, and as being "a fracture about one inch and a half above the carpal extremity of the radius."

Nelaton[3] says, that "in the immense majority of cases of fracture of the inferior extremity of the radius, the bone is broken two-fifths of an inch from the end."

Smith[4] of Dublin reports "twenty cases in which the distance of the fracture above the wrist-joint measured from one-fourth to one inch."

J. Rhea Barton described[5] "a peculiar condition of the wrist, as a *subluxation* consequent on *a fracture through* the carpal extremity of the radius;" whilst Dr. Hamilton, of Buffalo, reports[6] "thirty-three fractures of the lower third of the radius, of which twenty six were within from half an inch to one inch and a little more from the articulating surface," all being included under the head of Colles fracture, remarking "that he has not recognized Barton's fracture in any instance that has come under his own observation, nor has he been able to find a cabinet specimen in any pathological collection."

As no pathological specimen was referred to by Dr. Barton, and the symptoms of the injury are very deceptive, giving often the impression of a fracture higher up the bone than that point where it commences, the existence of such an injury has either been overlooked, misunderstood or doubted, by many who have certainly had such cases before them.

The direct connection of the line of this fracture with the joint creates a more marked tendency to false anchylosis than the injuries above alluded to as half an inch to an inch and a half above the articulation, and as specimens, and especially those of a recent character, are rare, attention may perhaps be profitably directed to the following remarks as based on normal and pathological illustrations.

That a fracture may occur at various points of the inferior fifth of the radius cannot be doubted, but the object of this paper is to show that the starting point of such injuries is very frequently *directly from the articular surface of the bone*, whence it passes upwards, and that the term "Barton's fracture" may properly be

[1] Clinique Chirurgicale, tome I, p. 146.

[2] Edinburgh Medical and Surgical Journal, vol. X, 1814.

[3] Clinical Lectures, reported by Walter F. Atlee, M. D., Philadelphia.

[4] Treatise on Fractures, etc., by Robt. Wm. Smith, M. D., Dublin.

[5] Medical Examiner, vol I, p. 365, Phila., 1838.

[6] Transactions American Medical Association, vol. IX, p. 166, 1856.

employed to designate such cases of fracture as result in an inclination of the hand to the radial side of the arm. This fracture being nearly always consequent on a fall on the heel of the hand whilst the latter has been forcibly extended, the flexor tendons of the wrist are so firmly applied to the front of the radius as to add materially to its strength, thus preventing the front fibres of the bone from yielding to the forces as readily as the posterior inferior margin of the articular face of the radius, where it is in contact with the first row of the carpal bones. "Barton's fracture" creates, therefore, a fragment that is broken from the inferior extremity of the radius on its dorsal side, starting from the cartilaginous or joint face of the bone, and extending upwards and backwards as high as one inch from the carpus. The mechanism of its production may be demonstrated on any articulated skeleton, and is shown in Fig. 1.

Fig. 1.

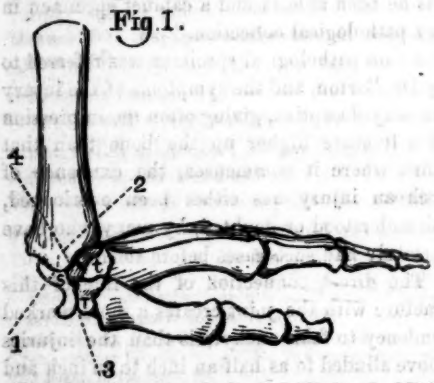

Fig. 1, drawn from nature by Dr. J. J. Woodward, of Philadelphia, shows the relative position of the inferior posterior articulating face of the radius to the carpal bones in falls upon the hand, as well as the manner in which the forces creating the fracture described by Barton will act.

By referring to this figure it will be evident that in falling on the heel of the hand, the force or weight of the body will be transmitted through the radius in the line of 3, 4, the resistance being made by the carpal bones striking the ground, and that the line of fracture will be either in the line 1, 2, or a little higher up, or in that of 2, 4—the latter representing the effect of the forces applied at 1, 3. In any of these lines the carpus is the direct agent that fractures the radius. In the line 3, 4, the trapezius pushes up the scaphoides, and it bears against the corresponding portion of the radius, whilst the extreme extension of the hand brings the posterior inferior margin of the latter bone in the line 1, 2, directly against the superior and posterior margin of the second row of carpal bones. The thickness of the margin of the radius, that is fractured, will depend chiefly on the degree of extension of the hand, the equal or unequal character of the ground; and the tendency in the body of the patient to tilt over the arm, that is, for the patient to fall upon his head or face.

The dorsal margin of the inferior articulating surface of the radius being thus pressed on by the second row of carpal bones, the convex surfaces of the scaphoides and lunare are forced directly upwards and backwards, through the line of 3, 4, thus tending to create a fracture of the posterior inferior margin of the inferior articular face of the radius, in the grooves of which the extensor tendons play; the force also tearing off the posterior surface of the periosteum, as high up as the line of union of the epiphysis and diaphysis of this portion of the bone. As the posterior margin of the inferior articulating surface of the radius thus receives the weight of the body, little or no support is furnished by its anterior margin, and it consequently is seldom broken, though the flexor tendons are much stretched, and the bursa through which they play is apt to be lacerated and give rise to a rapid serous exudation, thus causing an anterior swelling, that is liable to be mistaken for a displaced fragment. When the scaphoides receives the greatest weight, it transmits the force to the styloid process, which may then be fractured obliquely, and yet slightly, on the line of the shaft of the bone, as at 1, 4, fig. 1; this fracture not being nearer to the ulna than the space between the scaphoides and lunare. A fracture of the radius, consequent on a fall, and described by Barton "as involving the articulation," may therefore be in three lines:

1st. A transverse fracture of the posterior margin of the articulating surface of the radius, thus displacing the grooves for the extensor

tendons, and making a transverse line through the cartilage.

2d. A split of the radius through its articulating facets for the scaphoides and lunare, directly upwards, this being generally combined with that of the first variety, just stated.

3d. A split of the styloid process and that part of the articulating face of the radius that corresponds with the convexity of the scaphoides alone, or an oblique fracture separating the styloid portion from the rest of the articulating face of the radius.

Fig. 2.

Fig. 3.

Figures 2 and 3 (drawn from nature by Dr. J. J. Woodward, of Philadelphia,) illustrate the lines of those forces, as drawn in a view from above, of the two specimens hereafter referred to.

1, 2, in both figures, shows the transverse posterior line of fracture, corresponding to the line of the epiphysis. 3, 4, is the line of fracture as created on the styloid side, whilst the lines of fracture on the articulating surfaces of each radius, caused by the forcible pressure of the scaphoides and lunare is also seen. This case therefore illustrates the three varieties, the existence of either of them being dependent on the point that touches the ground most forcibly.

The history of these specimens is important, as showing the condition of the radius immediately after the injury, and especially the line of the forces; the violence in this instance being very great, and the injury consequently more marked than usual.

For the notes of the case I am indebted to Dr. George Harlan, Resident Surgeon of the St. Joseph's Hospital, to which the patient was carried immediately after his fall.

Fractures of the Vertebræ and Radii.—"About 11 o'clock on the morning of December 7th, 1858, I was called to see a young man who had just fallen from the window of a neighboring house. On reaching the spot I found him in the following condition:

He had a wound of the scalp, on the top and back part of the head, which bled freely, but there was no fracture of the skull, and the periosteum was but slightly torn. There was, also, a fracture of each wrist, more evident in the right, which *had rather the appearance of a fracture above the joint*, while the left had the signs of what is known as Barton's fracture, but *could hardly be called a well marked case.* There was a good deal of swelling in both wrists, but not as much as is frequently met with in injuries of the kind.

He was a stout, muscular young man, 19 years of age, apprentice to a painter, and received the fall by the slipping of the "jack" on which he sat while engaged at his work. The jack did not fall, but slipped into the position of an inclined plane, and threw him backwards by the sudden jar. The height of the fall was about 20 feet, and a fellow workman states that his head and the *palms* of his hands struck the pavement at the same time. He died the following day at 5 A. M., sixteen hours after the accident.

Post Mortem.—The first four vertebræ were uninjured, but there was a comminuted fracture of the fifth and sixth cervical. The spinous process of the fifth was split, and the transverse processes and bodies of both were broken into several pieces. There was a quantity of blood effused into the tissues of the neck; the spinal membrane was congested, but there was no effusion within the canal. There were also comminuted fractures of the radii, extending into the wrist."

The further examination of the bones was delayed until they could be macerated, when, after careful dissection, the fractures were found in the lines shown in Figs. 2 and 3.

It is worthy of remark, that though these bones were so much comminuted, a careful examination of the wrists by Dr. Harlan and myself, soon after the accident, left doubts as

to the actual seat of the fracture; the right being regarded as a well marked case of Colles' fracture, or of one at least half an inch above the articulation, whilst the left was regarded as a fracture chiefly involving the styloid process. These doubts, it should also be borne in mind existed notwithstanding the fact that owing to the paralysis, there was comparatively little swelling, crepitus being also quite indistinct. The careful dissection of the parts fully explained the difficulty, as well as showed how it would be likely to be present in all cases.

First, on turning back the skin, there was a tumefaction on the front of the radius of an equable kind, which further dissection proved to be a serous infiltration of the bursa mucosa of the flexor tendons.

Second, on the back of the wrist there was a somewhat similar and equally regular tumefaction due to infiltration of the tissues beneath the fascia. On dissecting out the extensor tendons, the fragments at once became more movable, though it was not until the posterior edge of the carpal capsular ligament was divided transversely, that the fracture became very apparent, though even now the fragments were held together by the periosteum, which was raised up from the bone to the extent of about one inch from the margin of the joint, adhering closely at its upper end. When it is remembered, that after a fracture we have always more or less bloody effusion, as well as lymph, and recollect the close attachment of the periosteum, bursa, capsular ligament, tendons and fascia, to the back of the wrist joint, it will readily be understood that no great degree of mobility of the fragments can exist, or the line of fracture be readily felt. Every surgeon has experienced the deceptive character of injuries about the head that give rise to such effusions as elevate the pericranium. A similarly deceptive sensation is, I am satisfied, to be noted in the injuries now alluded to. When the periosteum is elevated by effusions, it feels precisely like bone, and its close attachment, about an inch above the articulation, gives a positive sensation of this point being the main line of the fracture. For these reasons, Barton's fracture is often, I think, mistaken for that known as Colles'.

Fig. 4.

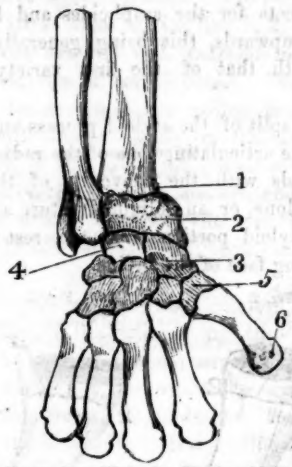

Fig. 4, (drawn from life by Dr. Woodward.) illustrates this, and is a posterior magnified view of a specimen in my cabinet.
1 is the superior line of the fracture, which is separated from the shaft by a thin beveled margin.
2, is the posterior external fragment, including the grooves for the extensor tendons; the transverse line just below the line of reference, shows the margin of the joint.
3, the scapholdes.
4, the lunare.
5, the trapezium. 6, the metacarpal bone of the thumb.

Fig. 5.

Fig. 5, (also drawn by Dr. Woodward,) is a side view of the same specimen.
1, shows the anterior face of the bone, which is sound, down to the end of the joint.
2, the posterior or dorsal fragment.
3, the scapholdes. 5, the trapezium.

The lines of Barton's fracture as has been already stated, present three varieties, yet all of these, when covered by the soft tissues,

create the sensation of the line of separation being higher up.

Fig. 6.

Fig. 6 (drawn from nature by Dr. Woodward,) shows the third variety of the fracture, the styloid apophysis with the external and posterior margin of the articular edge being broken off.

1, 1, the fragment.

2, the scaphoides.

3, the styloid process of the ulna, here broken by the extreme lateral luxation of the hand.

Fig. 7.

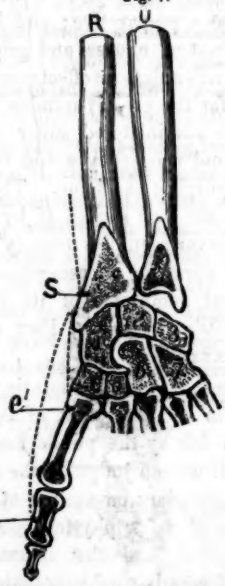

Fig. 7 (drawn by Dr. Woodward,) represents a vertical section of the carpal articulation, with the line of action of the extensors of the thumb.

R, radius. U, ulna.

S, styloid apophysis, showing the large amount of cancellated tissue entering into its composition, and its consequent weakness.

1, 2, 3, schaphoides, lunare and cuneiforme.

4, 5, 6, trapezium, trapezoides, magnum.

e', metacarpal bone of thumb.

e'', first phalanx. The dotted line shows the course of the tendons of the extensor ossis metacarpi, and the extensor secundi internodii of the thumb.

Recognizing in this manner the seat of fracture, let us next note the forces that will tend to produce the deformity, as illustrated by the preceding diagram of a section of the bones concerned.

When, then, a fracture is produced at the wrist, the deformity may ensue, 1st, upon the force transmitted through the carpus to the posterior inferior articular edge of the radius; 2d, to the extensor muscles of the forearm, which acting on the metacarpus force up the carpus, and through it the posterior margin of the radius; 3d, to the extensors of the thumb, which, as seen in the dotted line of Fig. 7, press the first phalanx through the metacarpal bone, the trapezium and scaphoides, against the external edge of the articular face of the radius, the displacement being aided by the supinator radii longus. When then this face of the radius is fractured, the natural resistance to the action of the thumb extensors is removed, and the fragment must be forced upwards until the subluxation of the hand described by Dr. Barton supervenes.

In Colles' fracture, on the contrary, the chief agent is the pronator quadratus muscle, which can have no influence in a fracture that enters the articulation. "Barton's fracture," therefore, predisposes to a subluxation of the hand externally and laterally, "Colles'" to one of the carpus anteriorly. "Colles' fracture" is apt to create the peculiar curve on the back of the hand that Velpeau has described as that of a silver fork. "Barton's" is by no means so deformed posteriorly; but both cause swelling of the anterior carpal bursa mucosa. When, then, there is a marked tendency in the hand to a lateral deviation—that is, when the hand inclines to the radial side—the probabilities are that the fracture is that described by *Barton*, and that the deformity is due to the action of the extensors of the thumb when the resistance of the posterior articulating edge of the radius is removed.

The close attachment of the soft tissues will, it must be remembered, render motion of the fragments so as to create crepitus, difficult; but forced inclination of the hand to the radial side will facilitate the discovery of the seat of fracture.

As the treatment of this injury by Bond's splint and compresses, or by the forearm splints and compresses of Barton, are generally known, it is useless to repeat them. Any one who studies the mechanism of this fracture will see the necessity, 1st, of resisting the action of the extensor tendons, or rather muscles of the forearm, by a graduated compress directly over the seat of fracture; 2d, of equalizing the force thus applied by an anterior compress on the carpus; 3d, by counteracting the action of the extensors of the thumb by inclining the hand strongly to the ulna. As the lacerated periosteum subsequently adheres, and the fracture is limited in its extent, callus is seldom noted in any great amount, though temporary anchylosis from inflammation of the wrist joint, of the anterior and posterior bursæ, and also from the temporary deviation of the osseous grooves for the extensor tendons, will usually last a few weeks, and require passive motion, the cold douche, frictions, &c., for its relief — this tendency to anchylosis being especially marked in "Barton's fracture."

Kameela—The New Anthelmintic.

By J. M. Boisnot, M. D.,

Of Philadelphia.

"Kameela is the reddish-brown powder which clothes the capsules of the *Rottlera Tinctoria*, one of the euphorbiaceæ. This middle-sized, erect, branching tree, named after the Rev. Dr. Rottler, who resided at Tranquebar for many years, in the character of a Danish missionary, is found in the hilly parts of India, along the base of the Himalayas, from Assam to near Peshawur, in central India, at the northern Circurs, in Mysore, and at Parrell Hill, near Bombay; besides in Ceylon, China, Australia and Arabia. The capsules of the fruit of this tree, which are about the size of a small cherry, are clothed with abundance of deep red granular powder, easily rubbed off, much esteemed as a dye for silk. When the capsules are ripe, in February or March, they are gathered, and the powder carefully brushed off. Dr. Anderson, Professor of Chemistry in Glasgow University, who has written on the coloring matter of the *Rottlera tinctoria*, found it to possess a substance which he named Rottlerine. It consists of yellow crystals, having the form of minute plates, and a fine satiny lustre; it is insoluble in water, and sparingly soluble in cold alcohol. Kameela, Kameyla, Kamila, Kamala, are the different names by which writers have designated this brick-red colored powder. Mr. Hanbury states that Kameela resembles lycopodium in the difficulty with which it is mixed with water, and in the manner in which it ignites when thrown into the air over the flame of a candle. Dr. Anderson, in the Indian Annals of Medicine for October, 1855, was the first to bring this medicine before the profession. In 95 cases of tape worm treated with Kameela by him, in two only was no worm expelled. With Kameela there is no unpleasant effect. It is not even necessary to take a dose of purging medicine as a preparative; and beyond a trifling amount of nausea and griping in some instances, no unpleasant effects are experienced; while by far the greater number of persons to whom it is administered suffer no inconvenience, beyond what they would from a dose of ordinary purging medicine. The certainty of its results are thus spoken of by Dr. Gordon: 'I have never seen the remedy fail in removing the worm, in a case where there were unequivocal symptoms of its presence.'"—*Braithwaite's Retrospect*, Part xxxv, p. 263, and Part xxxviii, p. 88.

The want of an anthelmintic that could be relied on in the treatment of tape-worm, has long been felt by the public and the profession, but if we can judge by the success which has been attendant on the use of Kameela, in the hands of a few physicians, this want has been supplied, and the uncertainty of the remedies formerly used supplanted by the certainty of this.

That the existence and benefits of so valuable a remedy as this might be more thoroughly known to the profession, I have thought it not altogether inappropriate to present it to the numerous readers of the Re-

PORTER, even though my experience with it is limited to a single case.

Mrs. K., æt. 40, came under my care with the usual symptoms of tape-worm, from which she had been suffering for the last five years; her health, previous to that time, having been, as she expressed it, perfect. After a dose of purgative medicine, Kameela was given in doses of grs. x. every 4 hours: slight nausea followed each dose, but no purgation until after the fifth dose had been taken; after six doses, or ʒj of the powder had been taken, a tape-worm, measuring 14 feet, came away. Since that time she has been steadily improving, with absence of all those distressing sensations caused by the presence of the worm in the bowels. In addition to the pieces passed per rectum, the most indicative symptoms were distressing pain in the epigastric region, with feeling of impending suffocation, and great depression of spirits and irritability of temper. The tenesmus and purging was excessive until the worm came away, and was attributed to the action of the medicine upon it, from the fact that ninety-two grains of the powder were given in grs. twenty-three grain doses every half hour, a few days after its discharge, with no unpleasant feeling beside slight nausea and weight, and even requiring a dose of purgative medicine to move the bowels.

The facility with which Kameela may be taken, the mildness of its operation, and, above all, the certainty of its results, are the principal features to recommend it, while its scarcity and high price in a slight degree oppose its use, but with the hope soon to see the former established, and the latter removed, we recommend it to the profession.

Resumé of a few of Ricord's Lectures of 1857 and '58, at Hôpital du Midi, Paris, on the Chancre. Article 2.

By Robert Bolling, M. D.,
of Philadelphia.

Treatment, etc.—1st. Soft chancre. From the difference that exists between the two varieties of chancre, it is clear that the treatment as well as the prognosis must also vary.

The indurated chancre is infecting; it is not only a local accident, but the initial manifestation of a diathesis, the exordium of a constitutional affection.

In simple, non-infecting, soft based chancre, the ulceration is all; in indurated chancre it is of no importance, when compared with the constitutional infection. The induration is the commencement of the infection; it is the first effect of the general intoxication. As soon as it is produced, constitutional syphilis is acquired. It is the first of the secondary symptoms. An induration is the prelude of a diathesis, and it announces the infallible apparition of other constitutional accidents; before six months have passed, these accidents will have manifested themselves.

In the hard, or indurated chancre, it is clear to see that a general treatment is required, whereas the simple chancre demands only a local one. The simple chancre, though it produces no diathesis, still as a local disease is far the most troublesome of the two varieties; its complications demand much care and sagacity, and sometimes all the aid that therapeutics can furnish. The great secret in the treatment of chancre, is to reduce the specific, self-supporting and reproducing ulcer, to a simple one; by cauterization we can do this, not by a slight and superficial cauterization, but by a deep and destroying one, even going deeper than the ulcer. The choice of a caustic is not indifferent; throw aside all the slight caustics, they are only modifiers.

Ricord uses the *carbo sulphuric paste*, made by adding sulphuric acid to pulverized charcoal, until it becomes demi solid. This paste applied on a chancre, soon dries into a crust, and will remain for a week or more, and when it falls off, we have a simple cicatrizing ulcer, and sometimes even an ulcer fully cauterized. It is painful, but not more so than the actual cautery, and the like; the pain lasts a shorter time than the pain accompanying the application of other caustics.

This caustic has the advantage of modifying profoundly the tissues with which it is brought in contact. Never delay, but destroy the chancre promptly. If the caustic fails, it

is because it has not been properly applied.

One therapeutic treatment is as good as another, while the secretion of virulent pus lasts, in case of chancre which has no tendency to spread. Ricord commonly employs emollient, or slightly astringent washes, and frequent applications of dry charpie, to act as a sponge and absorb the pus; it is important to arrange the charpie so as to isolate the neighboring parts from the secreting surface. If the suppuration is abundant, and the chancre spreads, use "*aromatic wine,*" it has the property to diminish the secretion, and neutralize its power, and tans, as it were, the neighboring parts.

Solution of the iodide of potassium, tincture of iodine with water, tannic acid in solution, chlorinated water, are all used, but have no specific properties. *Ferri et potassæ tartras* does seem to have some specific action on the phagedenic form of chancre. It moderates always the violence, and arrests often the progress of phagedenism.

Ricord uses it both internally and externally, the following being his formula:

℞ Aquæ destillatæ, 200 grains.
Ferri et potassæ tart., 30 "
Table-spoonful three times daily.

Two dressings with the same liquid, or with charpie. A timely cauterization will prevent phagedenism. Erysipelas occurring during the existence of a phagedenic chancre, will improve and often cure it; this is not peculiar to phagadenic chancres. The dermatologists of Europe have cited its happy influence on long standing skin diseases.

Ointments are much employed by some physicians. Even Ricord remarks, and with much emphasis, that nothing is more trustful, as an application to simple chancre. The one the most employed is the mercurial ointment, the most hurtful of all, and a frequent cause of phagedenism. Mercury in any form, internally or externally applied, is hurtful, and a frequent cause of phagedenism. The particular seat of the disease modifies somewhat the treatment, as, for instance, chancre in the urethra, etc, etc.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Reported by T. A. Demmé, M. D.

Service of Dr Gerhard.

SATURDAY, MARCH 19.

Acute Rheumatism.—This patient, at the onset of the disease under which he is now laboring, was seized with a succession of cold and chilly sensations, followed by pain in the knees and arms, and a slight pain in the chest, which he refers to the region of his heart. This illustrates the important fact that, in ordinary rheumatism it is unusual for patients to suffer much pain in the chest, even when the heart is affected. Patient has but a slight degree of fever,—the face is flushed, and there is a peculiar expression of the countenance, indicative of a painful affection; pulse is frequent and vibrating; it is also somewhat irregular, a pulsation now and then being omitted. The elbows and knees are much swollen, and, in consequence of the increased synovial exudation, there is increased mobility of the patella.

Remember, in every case of rheumatism, to examine into the condition of the heart: I almost consider it culpable to omit this exploration; for in these cases we almost invariably have pericarditis or endocarditis.

Upon percussion we have dullness beyond the usual limits, but the dullness is more one of degree than of extent. In pericarditis the area of dullness is often very great in consequence of effusion; in endocarditis the area of normal cardiac dullness is very slightly increased.

Upon auscultation we at once perceive that the sounds of the heart are altered, roughened, almost approaching a sawing sound. Occasionally there is an omission of a heart beat.

We have another sound, which is diagnostic of pericarditis—a grating sound heard near the apex of the heart. Sometimes this is the only physical sign of pericarditis; but often the sound disappears, and then, after a time, returns. This is consequent upon effusion and subsequent absorption of liquid in the pericardial cavity. It is often difficult to detect this sound. It is only during the last fifteen years that I have been able to detect it when very feeble.

Pericarditis is not a disease that produces much pain: it is an affection that *per se* very seldom kills. I do not think that I have seen more than three or four cases of death arising therefrom, and yet I remember to have heard, many years ago, in this very room, that this disease must almost necessarily terminate fatally.

Treatment.—Formerly it was said that we must bleed freely, but this heroic practice is now very seldom pursued.

I generally cup, and then give opiate diaphoretics—sometimes in the form of a mixture of solution of morphia and the wine of ipecacuanha, or of Dover's powders, which latter I almost invariably prefer. In addition, Scudamore's mixture may be given. A simple diet is allowed, and quiet and rest enjoined.

Some years ago the fashion of giving citric acid was in vogue. I consider it very doubtful that this is a curative agent; a good proof of this is that it has at present almost entirely disappeared from use.

WEDNESDAY, MARCH 23.

Pleurisy—Three Cases. 1*st Case.*—Breathes with great difficulty, the nostril widely dilated, the respiration frequent—about thirty times in a minute. Pulse is rapid, but not indicative of any violent febrile movement; tongue is slightly coated; bowels regular. Last night he was troubled by a cough. As a general rule, pleurisy gives rise to a peculiar *hack*, which can scarcely be called a cough.

Inspection.—Left side much dilated. The left side may be dilated, and yet not appear enlarged. This arises from the fact that the left side is almost invariably of less size than the right, and hence may be considerably dilated, and yet but equal to the other side in dimension.

Percussion.—Right side, clear; left, perfectly flat.

Auscultation.—Left side, rude respiration at the middle portion of the lung; there is, also, a friction sound at the upper portion of the lung. This sound is not heard lower down, in consequence of effusion separating the lung from the costal pleura. The friction sound is heard in inspiration and expiration.

The sounds of the heart are natural as regards quality, but unnatural as regards position. The heart is heard at a considerable distance to the right of the sternum.

Prognosis.—As a general rule this is favorable.

Treatment.—If you have a well developed and acute pleurisy, you may often bleed from the arm with great advantage. Afterwards, or in the first place, cup freely, and apply a blister over the front part of the chest. I always make use of small blisters in these cases—about three inches by four. This may seem a very insignificant size, but I believe that the therapeutic effect of the epispastic occurs during the drawing of the blister, and hence prefer a small vesicant, that may be frequently repeated.

This patient has also been ordered ¼ gr. of calomel and ½ gr. of digitalis, every four hours.

2*d Case.*—This patient has had pain in the chest for three weeks. He refers the pain to the front part of the chest. Why? There is there the greatest amount of friction.

Inspection.—The left side is shrunken in.

Percussion.—The left side, a slight dullness.

Auscultation.—Left side, feeble respiration, with a friction sound.

3*d case.*—Patient almost well. The acute symptoms have passed away. There remains a slight dullness on percussion, and a slight friction sound.

These three cases illustrate as many important stages of pleurisy. In the first we have acute symptoms, with great effusion into the pleural cavity; in the second the acute symptoms have disappeared, and the effused liquid is being absorbed—the contracted chest is consequent upon the absorption, the lung, having been long pressed upon by the effused liquid, not expanding to fill the chest; in the third case we hear the sounds remaining during convalescence from pleurisy—the rough murmur after the storm has passed.

Transposition of the Viscera.—A patient entered the Hospital about the middle of March, in an extremely exhausted and critical condition. He was laboring under extensive dropsy, but his situation was such that no physical examination could be made, in order to ascertain the primary cause of the dropsy.

A few days after admission he died. Upon making the autopsy, a complete transposition of the viscera was found.

The *liver* was upon the left side, whilst the *stomach* was upon the right; the cardiac extremity being to the extreme right, and the pyloric about the median line, or slightly to the left thereof. This position involved a deflection of the œsophagus to the right.

The *spleen* was under the right hypochondrium.

The *pancreas* extended, as usual, across the epigastric into both hypochondriac regions, but the larger end was turned toward the left, instead of toward the right.

The *sigmoid flexure* was upon the right side, the caput coli upon the left.

The *heart* was almost in the median line of the body.

The *aorta* arched over the root of the right lung, instead of that of the left.

The *arteria innominata* was upon the left side, and its divisions consequently supplied the left upper extremity and side of the head, instead of the right.

To complete this wonderful transposition, the left lung was divided into three lobes, and the right into two.

Aortic Aneurism.—(See last number of the REPORTER.)—Upon opening the right pleura, an enormous coagulum was found occupying the posterior portion of the thorax, and forcing the lung anteriorly. Upon its exterior aspect it bore the impression of the ribs. It weighed 4½ pounds. About a quart of serum was also found in the pleura. Immediately behind and beneath the coagulum was the aneurismal tumor.

The *aorta*, from its very commencement, exhibited the effects and changes of chronic inflammation. The color was changed; there were extensive red patches, and areas covered by exuded lymph. In the course of the arch there was an *ulcerated* spot, that had almost completely cicatrized.

Upon following the aorta downward, opposite the lower dorsal vertebræ, the aneurismal tumor is seen, embraced about its middle by the diaphragm. The aneurism was developed upon the posterior surface of the aorta. Internally, it presented a rough, irregular appearance. Its capacity was at least half a pint.

Immediately above the diaphragm there was a rupture, consequent upon an ulceration through the inner and middle coats of the aneurism; and through this opening, measuring about four lines in every direction, the fatal hæmorrhage had occurred.

[We are compelled to omit the report of the Surgical Clinics this week.]

PHILADELPHIA HOSPITAL.

Reported by Dr. T. L. Taylor.

Service of Dr. Agnew.

Resection of the Elbow Joint.—This patient was a colored boy, 13 years of age, of apparently good constitution. Two years ago he injured the joint, and giving it no attention it became painful, inflamed, swollen, and finally an abscess formed, communicating with the joint, and discharging by several sinuses; the limb is partially anchylosed, and at an angle which makes it quite useless for purposes of prehension. The predisposition of this race, at least in our latitude, is decidedly strumous, and it is probably from such a diathesis that we have the condition of parts presented. Something decided should be done, otherwise this constant drain and constitutional irritation will develop some serious organic disease. The removal of the limb is not to be thought of if it can possibly be avoided, and I have therefore determined to remove the articulation. Such a case is one in which anæsthetics become most valuable: without such the shock to the system is terrible. The indications to be had in view in the removal of the joint may be summed up as follows:

1st. To open the joint where there is the least danger to blood-vessels and nerves.

2d. To remove all diseased portions of bone.

3d. To avoid dividing tendinous attachments as much as possible.

4th. To place the limb in a position which will prove most useful.

6th. Passive motion.

To expose the parts some advise the I incision, others an H; the Dr. remarked that he would endeavor to accomplish the exposure by a single perpendicular incision over the back of the joint, which would have the advantage of not dividing the aponeurotic attachment of the triceps tendon with the fascia of the forearm. An incision with this object was made in the length of the limb six inches long, the flaps dissected off each way, taking care in the detachment of the internal one to remove with it the ulnar nerve, which lies deeply situated in the space between the olecranon and internal condyle; the olecranon process of the ulna was next removed, when a large quantity of pus and a brain-like matter were turned out. An examination now revealed disease of the humerus, radius and ulna. The lateral ligaments being next divided, the radius was removed as far down as the tubercle, thus preserving the attachment of the biceps muscle, the ulna as far down as the root of the coronoid process, preserving the attachment of the brachialis anticus. The humerus being isolated from surrounding parts, the entire articulating extremity was next removed. Examining the anterior circumference of the joint, the synovial membrane was found to be greatly thickened, and in order to prevent what would otherwise prove an extensive source of suppuration, Dr. Agnew remarked that he would carefully dissect this completely out, which being done the recurrent blood-vessels were ligated, the edges of the wound brought together by a few stitches of the interrupted suture, the arm placed on an angular splint, and

water dressing applied. The brain-like material, which presented so suspicious an appearance,

on being subjected to a microscopical examination, proved to be new formations of connective tissue in various stages of development, intermixed with pus, and which constitute the fungosities of English authors. The annexed cut, from a drawing by Dr. Woodward, exhibits the anatomical arrangements of its constituent parts, as seen under a power of 250 diameters.

The long spindle shaped cells with nuclei in the centre, and also the somewhat caudate ones with nuclei at their larger extremity, are examples of connective tissue cells in various stages of development. Numerous filaments of connective tissue are seen also crossing each other, constituting a complex network. The large round cells, filled with granules, are pus cells. The numerous small vesicles scattered over the field are aschersonian vesicles and granular matter. The source of these elements is the exudation into the articulation from synovial inflammation. The pus cells, and the few curled fibres of elastic tissue and fat vesicles, cannot of course be considered as part of the so-called fungosities, but result from the surrounding inflammation, and the debris of the articular ligaments, as well as a portion of the exudate itself.

It is now over four weeks since the operation was performed. Suppuration has ceased, the granulating surface is rapidly cicatrizing, the boy's health excellent, and scarcely a doubt remains but that the fullest success will follow. The treatment throughout was simply a water dressing to the wound, the best diet the house could furnish, full doses of opiates to procure rest, conjoined with tannic acid, to counteract a tendency to diarrhœa, which at first seemed disposed to occur. Passive motion is practised now at each dressing; that is to say, every two or three days.

The Remains of Hunter.—An English paper says: The remains of the great John Hunter were discovered in the vaults of the Church of St. Martin's-in-the-Fields, last Tuesday afternoon, the 7th inst., after a search of two days by Mr. Frank T. Buckland, Assistant Surgeon 2d Life Guards, son of the late Dean of Westminster. The coffin was in No. 3 vault under the church, at the bottom of many others, being in fact almost the last to be removed. It is in excellent preservation, the cloth only upon it having decayed in places. The handsome brass plate upon it is as perfect as when originally engraved; the coat of arms is uninjured, and the inscription clear and distinct. It runs as follows: "John Hunter, Esq., died Oct. 16th, 1793, aged 64 years."

Reviews and Book Notices.

A Treatise on Venereal Diseases. By A. VIDAL, (de Cassis,) Surgeon of the Venereal Hospital of Paris, etc. With colored plates. Translated, with Annotations, by GEORGE C. BLACKMAN, M. D., Professor of Surgery in the Medical College of Ohio, etc. Third edition. New York: S. S. & W. Wood. 1859. (8vo., pp. 499.)

Venereal diseases have not seemed to be a favorite subject for special study in this country, and we possess no systematic syphilography. The French appear to have a taste for this natural retribution on vice, and the French capital, with all its profligacy and misery, is, of all other regions, the greatest field for the pursuit.

The author remarks that works on this subject have been generally written with the object of establishing or overthrowing some particular doctrine, and designed only for those acquainted with the subject, but that this volume is intended for those who have but little time to devote to the study of these affections.

It is a resumé of practical facts, opinions and important details, from which all will be able to comprehend the substance of our knowledge of syphilography.

We believe the work to be what it professes, the most complete summary extant, of the views and practice of the majority of European and American surgeons, and, as such, should be in the possession of every practitioner, for all must meet with the diseases of which it treats, in some of their varieties.

Valedictory Address to the Anatomical Class of the Philadelphia School of Anatomy. By D. HAYES AGNEW, M. D., Lecturer on Anatomy, Surgeon to the Philadelphia Hospital, etc.

The subject of the address is *Application with a view to Acquirement*, and was well timed for the mind of the student, who has reached his collegiate finale, having his memory crammed with matters which are to him indigestible, on which he has never mentally ruminated, but which exist in a crude state, in a sort of mental ventriculus, ready to be regurgitated on call at his approaching examination.

The speaker's own "application" and "acquirements" are excellent evidence of his ability to give advice on such an important subject.

The address is replete with elegant classic allusion and sound precept.

Editorial.

A NEW VOLUME.

This number begins the second volume of the REPORTER in its weekly form. Our enterprise has been so well received by the profession, that we feel greatly encouraged in our labors.

For the future, we have no promises to make, further than that it will still be our aim to serve the whole profession, entirely untrammelled by personal or sectional interests. The circle of our influence in the profession is widening every day, and we hope to use that influence in such a manner as shall advance the interests of medical science in this country and the world.

This number being the first of a new volume, offers a very favorable opportunity of subscribing, which we trust that many will avail themselves of, as the increase of our subscription list gives us the means of increasing the value and usefulness of our journal. We are expending a great deal on the work, and our plans involve a heavy expenditure in future.

JOURNAL READING.

The American Medical Profession, as a class, are studious, or are at least readers. If there are not so many in this country who are deeply profound on special subjects of medicine, there is acknowledged to be here a greater diffusion of practical information among the professional masses than elsewhere. That narrow and exclusive specialism which tends so frequently to the visionary quixotic equestrianism called "hobby riding," affects our countrymen comparatively little.

There is no occupation which requires greater intellectual comprehensiveness and watchful following of scientific development, than that of the medical practitioner. It is essential, not only that he should be accomplished to some practical extent, in all the sciences which pertain to that which is in itself the utilization of almost all science, but that he should be vigilant of their progress. But occasionally we find even the deeply learned among medical men quite uninformed on prevailing and current medical topics, or recent discoveries, though in the present state of general diffusion of information, and facility of obtaining it through the journals, such neneglect should be considered unpardonable. Through that source every one, even though his field of labor isolate him from personally communing with the fraternity, can always avoid the mould and rust of disuse, and still live mentally with them, whilst all, without such reading, must find themselves dragging behind the times. Journal reading is the *esprit du corps* of medicine, and there are none thoroughly interested in its great objects, who do not read the journals.

A well conducted journal is the current history of medical progress. Most, if not all medical discoveries, are first announced in the journals; the subject is discussed, and the general appreciation of the profession, as to its merits, set upon it long before it is recorded in the heavy tomes of the standard authorities of our science. The liberality which ever characterizes the toiling medical votary, induces him to publish freely, and at once, to the world, the result of his labors; and every physician who feels that his profession is a mission of mercy under guidance of the light of science, will strive at least to keep up with a knowledge of its advancement.

Such will be the character of the medical progressive; but the non-progressive is satisfied with the past; he is lost in the veneration for things of yore. He ignores the present, and wrapped in the stiffened cerements of a living death, looks not forward to the bright dawning future. He stands among the living only as the cold cenotaph which stories up dead memories, and pores over long gathered and dried leaves and flowers, whilst around are teeming new growths, blooming fresh and fragrant from the well tilled soil of science.

It is generally acknowledged that there are now in this country more medical periodicals than can be properly sustained. If we review the history of journalism, we will be inclined to come to the conclusion that medical journals

are generally ephemeral productions; that the natural term of journal life is short; that a few struggling years have carried a greater number than now exist, from the prattle of infancy to the garrulity of age and a lethean death. Their demise may have resulted from congenital feebleness or inanition, or have been produced by causes entirely extrinsic of their merits. Some have existed with but the fickle reliance of mere local interest to support them, and some were supported, at a loss, by a publishing house or a medical college, for the mere purpose of advertising their interests, and continued only as long as pecuniary policy dictated. Still, there are in this country a number of medical journals which are very efficiently and honestly conducted, with great labor on the part of the editors, with slight remuneration; are fair exponents of the views and opinions of the profession generally, and have at heart its general good.

In conclusion, we would say to every one who claims himself to be an integral of the medical profession, *read the journals.* To the tyro it will be taking the tide of medical progress at its flood; by it the indolent will have his curiosity awakened to still further reading, the investigator incited to more intense research, the learned made more profound, and the status of the whole profession elevated.

SCHOOL HYGIENE.

The world is a stock market, life the commodity, men, women and children gamblers in stock, while death is the banker, with an absolute certainty of winning all the stakes. The strong prey upon the weak. Thus, not far from sixty per cent. of the mortality of cities occurs before the twentieth year of life. The worshippers of Moloch cast their children into the arms of the hideous idol, whose hidden fires soon devoured their innocent victim, whose shrieks were drowned amid the clangor and din of unearthly music—Hindoo mothers throw their offspring into the sacred river, a votive offering to their gods, and complacently witness their struggles in the jaws of the river monster.

We have a Moloch—a sacred river, at whose shrine are being offered the most vigorous shoots and the fairest flowers that flourish in our family gardens. But we, more refined in our cruelty, allow our victims to obtain pleasing visions of future enjoyment and usefulness—let high hope take possession of their soul, and then crush out their young lives by exacting of them an amount of mental labor far beyond their strength and years, under circumstances very unfavorable to health.

Is not our Public School System, in respect to the health of both teachers and scholars, as at present managed, feeding the bills of mortality at a fearful rate? A spirit of pride and parsimoniousness in the management of these schools, is annually sacrificing numbers of lives. Many who enter them with fair prospects of health, long life and usefulness, die outright while striving to gain admission into the High or Normal Schools, while many more suffer the total loss of health, and drag out a few years of miserable existence, and then sink into a premature grave.

Believing that it is quite as much the province of the physician to point out the means of saving life and preventing sickness, as to cure disease, we propose, in this and succeeding numbers of the REPORTER, to examine into our public school system in a hygienic point of view, with the hope of being able to suggest improvements.

In this number we have room for a few remarks only, on the Construction of our School Houses. It is a remarkable fact, that in constructing our school houses, in common with nearly all our public buildings, reference is had rather to architectural display and economy of space, than to the health of those who resort to them; if either must be sacrificed, it is health. The sanitarian has no voice in the matter, and the architect having in view only a fine building in external appearance and internal arrangement, one that will be a good advertisement for him, constructs it with little or no reference to health. Thus, in the construction of the new Houses of Parliament, the British Government secured the services of that eminent practical sanita-

rian, Dr. D. B. Reid, whose ventilating apparatus had given such unbounded satisfaction in the temporary halls of legislation, which were constructed after the conflagration of October 16, 1834, when the Houses of Parliament were destroyed. But the architects of the new Houses so entirely disregarded and altered Dr. Reid's plans and recommendations, sacrificing them to architectural display, that that gentleman was constrained "to protest against the injurious interference to which the more essential provisions and features of his plans were continually, unnecessarily and capriciously subjected." Dr. Reid, however, fortunately for the health of the members, had sufficient influence with them to leave his impress upon the new buildings, and measurably to carry out his plans. It is a significant fact, however, that the architect received the empty honor of knighthood, while the sanitarian was honored with—the witness of a good conscience.

The first thing that strikes the eye on entering our public school buildings is the faulty mode of egress, the doors and passage ways being so constructed that in case of a panic among the children from any cause, as an alarm of fire, the danger to life is imminent, as we have in two or three instances of late years had lamentable opportunities to learn. It is true that in some of the more modernly constructed school houses this objection is measurably removed.

In respect to the internal arrangements of the school rooms, we think they are entirely too small for the healthful accommodation of the scholars who are crowded into them. They are generally, we believe, filled to their utmost capacity, and it is not an unusual thing to see 250 or even 350 children closely seated in a room, which has a capacity of atmospheric air for not more than half that number. Each child requires nine or ten cubic feet of air a minute in order sufficiently to oxygenize the blood. Now it is apparent that where so many are congregated together, the same volume of air must be respired and re-respired, until it is so loaded with carbon as to be poisonous, and therefore entirely unfit for respiration. But, we are told "The rooms are ventilated." Aye, and how?—by lowering the upper sash of the windows, thus exposing many of the children to currents of air which, under some circumstances are exceedingly detrimental to health, and often occasion attacks of acute disease.

The arrangement of the seats and desks in many of the school rooms is exceedingly faulty. Seats without backs, seats too high and desks too low, and children crowded too closely together, all calculated to compel them to sit in constrained positions, much to the detriment of their health, which, especially in the young, demands *expansion* of body and of limb, and support to the wearied spine. As illustrative of the *discomfort*, to say the least—which attends the use of such seats, we know of an instance in which a lively, impulsive girl, rushed to her teacher's seat, exclaiming "You *must* let me walk up and down the room three times, for my back aches so, I shall go crazy." In this case the demands of nature broke through all restraint in an otherwise tractable, obedient and respectful scholar. Other children of a different temperament would have suffered in silence—and gone crazy!

The heating arrangements are also in many instances very faulty, and the children in one section of the room often suffer from the hot air of a furnace or of a stove, while others are exposed to draughts of cold and damp air from a neighboring window, which is used as a ventilator.

But we have exhausted our space this week, and must on a future occasion return to the consideration of other topics in connection with this subject.

A HOSPITAL FOR WOMEN IN PHILADELPHIA.

One of the great wants of this city is a Hospital for Women. If any of our readers will consult his visiting list he will find that a very large proportion of the sickness and suffering that he is called on to relieve occurs among women. In the medical wards of our hospitals a large proportion of the beds are occupied by women, notwithstanding the fact that men

apply for admission more freely than women do, and though the male sex preponderates largely in all commercial communities. And the general practitioner knows—for he meets with them in his daily walks—that there are scores of sick women who require care and attendance that it is impossible for them to receive at their homes, and who are not willing to be taken into the wards of a general hospital.

Those who live in our lanes, alleys, courts, and "avenues," from whom the pure air and light of heaven is excluded, are sick, when they are sick, at a great disadvantage. Hundreds of women are languishing life away in these miserable tenements, the prey of curable diseases, who, if they could be removed to the cheerful wards of a well conducted hospital, where they could receive proper medical attendance, *nursing* and *sympathy*, would soon recover their health, be restored to their families, and be *able* to minister to their wants.

We are informed that applications are frequently made at the Nurses' Home in this city by women who are suffering from curable disease, but who must be turned away because there are no accommodations there for them. We believe that if the means could be secured to establish a hospital at once, containing as many beds as the Pennsylvania Hospital, they would all be occupied by women who are now suffering from diseases which, from the circumstances and influences that surround them, it is impossible to have properly and successfully treated at home.

The funds of the Preston Retreat are in such an embarrassed condition, and not likely, as we learn, to be available for some time to come, and the object of that institution being a special one, and one sufficiently important of itself to command the sympathies of the public, we think that something may and ought to be done in this city of 600,000 inhabitants to organise permanently a commodious and well appointed hospital for the general treatment of diseases peculiar to women. Nay more, we think we can say that there are persons of ample means in this city who are sufficiently interested in the matter to warrant their being approached on the subject, and we hope at no distant day to be able to chronicle the fact that vigorous measures are on foot for the establishment of such an institution on a lasting foundation.

We expect on another occasion to return to this subject, and give some statistics in connection with the diseases of women, and the general laws which govern the amount of sickness among them to a given population.

☞ *It will be observed, by reference to the cover, that single numbers of the* REPORTER *can hereafter be obtained at* MR. V. F. HARRISON'S *Medical and General Portrait Gallery*, No. 33 south Tenth st., *a few doors above Chestnut.*

Subscriptions may also be made at Mr. Harrison's.

☞ We have on hand Reports of discussions before the County Medical Society and the Northern Medical Association of this city, and several communications, which will receive early attention.

Correspondence.

Chicago, March 18th, 1859.

DEAR REPORTER:—Quite an excitement in the profession of our fast young city has grown out of a movement for a new medical college. You will probably recollect that Dr. N. S. Davis has for several years advocated the plan of dividing teaching terms, and the branches taught, in rather a different manner from the usual college routine. Together with some other medical gentlemen of Chicago, he now has an opportunity to put his notions to the *experimentum crucis*. It would be tedious to enter into a minute detail of all the circumstances which have brought about this matter, and now I only propose giving you an outline of the plan, and the names of some of the men engaged in the enterprise.

The new school is almost organised, and is to have eleven chairs. The first five is to be taught to the junior class, during a term of

twenty weeks, of four lectures a day. They are as follows: 1st, Descriptive Anatomy; 2d, Materia Medica and Therapeutics; 3d, Inorganic Chemistry; 4th, Physiology and Histology; 5th, Pathology and Public Hygiene. The second course is to be taught from six chairs: 1st, Organic Chemistry and Toxicology; 2d, Surgical and Regional Anatomy and operations of Surgery; 3d, Medical Jurisprudence; 4th, Principles and Practice of Surgery; 5th, Practice of Medicine; 6th, Obstetrics and Diseases of Women and Children. The Professors of Surgery and Practice of Medicine will also do clinical service at the hospitals.

This course is to continue through twenty weeks, also, in which there will be four lectures a day. To graduate, it will be necessary to attend both courses not in the same year; to have studied three years, &c., or to have attended one course elsewhere, and the last or practical course here, or to have practiced four years and attended the last course here. Drs. Davis, Johnson and Byford, of Rush Medical College, have withdrawn from that institution, and joined the New College. The design of this system of teaching is to make it more thorough, by preparing the student for the practical branches, by giving him a good knowledge of the more elementary, before he commences their study. Every preparation will be made and a beginning effected this fall.

Drs. Davis and Byford retire from the *Chicago Medical Journal*, and Dr. Brainard will take charge of it. So you see there is quite a change in matters medical here. I may at some future time, not very distant, give you more in detail the plan and its execution. For the present I will subscribe myself, your most obedient servant, X. X. X.

LEXINGTON, KY., *March* 19, 1859.

IN MEMORIAM.

Messrs. Editors—

The telegraph of the 17th inst. heralded over the western world the mournful intelligence of the death of DR. THOMAS D. MUTTER, Emeritus Professor of Surgery in the Jefferson Medical College of Philadelphia, at Charleston, South Carolina, on the 17th day of March, 1859.

The announcement of such an event is well calculated to excite a thrill of sorrow in every American bosom, which will vibrate in mournful tones upon European hearts, devoted to learning and the noble art of surgery.

A brilliant luminary in the great medical constellation—glorious in its own splendor, and deriving reflected beauty from revolving planets—has set in the darkness of an endless night. A *life-boat*, which long has floated in gracefulness and usefulness, secured in a peaceful haven, and often shot out in the howling storm rescuing many, *many* a shipwrecked crew from the perils of a *pestilential* storm, has been cut loose from its moorings, and has drifted far away into the unknown ocean of Eternity.

He died in the golden meridian of his days, in the "Palm City" of the sunny South, whither he had journeyed to retrieve the sinking inroads which his disease had been for years making upon him. And though of his last moments I am, as yet, uninformed, I do well know that around his couch were gathered hosts of grateful and admiring friends, yea, pupils of former, brighter days, "when life was young and hope was high," who vied with each other in the last acts of tenderness and love, ere Death's cold seal was stamped upon his noble brow.

And it may not be altogether inappropriate that I should add a word of humble testimony to his worth—that I should utter a syllable of kind remembrance and affectionate regard—that I should pluck, with loving hand, from the garden of a grateful heart, the *geranium* and the *rose*, the *heliotrope* and the *japonica*, and strew them upon his bier.

My acquaintance with this learned physician and celebrated surgeon, commenced in the lecture room of the Jefferson Medical College, in the Spring of 1852; and while I recount his manly form and noble bearing, his intellectual face, his kind and genial manner, I convey but a slight conception of that eloquent style and research, wisdom and learning with which his lectures were ever filled—dignity and grace of address—concise and beautiful diction—apt and happy illustrations, which endeared him as a *teacher*—the skill and neatness, tenderness and sympathy characterizing his operations, which embalmed him forever in the hearts of the thousands of the purest citizens and best physicians of our country, who sojourned in Philadelphia to enjoy the wisdom and learning which flowed from his eloquent lips. This, as well as many acts of *personal kindness*, justify my affectionate remembrance of him—my teacher, my friend, now no more—and warrant this public mention of his worth, and sorrow at his untimely death, leaving for an abler hand the

special biography of this great and good man, which will be read and remembered, loved and honored, and cause the name of *Thomas D. Mütter* to become a house-hold word of American Surgery, as long as *learning* and and *worth*, *honor* and *usefulness* shall be *esteemed* and *cherished* and *preserved* among men.

L. B. TODD.

Periscope.

FOREIGN.

The Physiology and Pathology of the Thymus Gland.—(From the German, by T. A. DEMME, M. D.)—A valuable contribution to our knowledge upon the above subject has been made by Dr. Alex. Friedleben.

After years of patient and toilsome labor, he has presented to the profession a most concise and complete essay upon this obscure subject.

We condense the following:

Development of the Thymus.—At the very beginning the thymus appears as a very narrow strip of blastema, a remnant of the blastodermic membrane, lying along the carotid vessels; this is about the 5th or 6th week. Between the 6th and 8th week, small vesicles bud out on every side. The attachment becoming more and more contracted, until a little cellular tissue is all that connects each vesicle with the primitive strip, now membrane—this cellular tissue serving merely as a connecting *band;* there is no tubular arrangement. The vesicles increase by branching into twos and fours. *Every vesicle or cell is a distinct, independent unit.*

From the time of the first appearance in the embryo the thymus increases in length. This increase is more marked after birth than during embryonic and fœtal life. After the 25th year the length decreases until the gland is entirely absorbed.

The absolute weight of the thymus increases until the end of the second year, then remains stationary until puberty; and between 15 and 25 years of age it gradually decreases, and after 25 a very rapid diminution takes place.

The specific weight greater during the embryonic state—decreases until the time of birth, then steadily increases until the end of the second year, after which it again diminishes.

This is the reverse of what takes place in the liver and spleen.

Secretion—most active at the end of the first year of life; still considerable during the second year and continues, lessening from day to day until puberty, when it is almost suspended. The secretion of the thymus consists of a liquid, crowded with granules, and presenting all the appearances of a nutritive fluid: it gives an *acid* reaction. This fluid he has also found in the vena thymica, but not in the lymphatics.

The quantitive analyses of the gland give the interesting result that after the embryonic state the earthy phosphates predominate, until the time of the thymus involution, when the alkaline phosphates are in excess. This is particularly interesting inasmuch as the reverse obtains in most of the other organs.

Epidemic Diphtheria.—The London *Lancet* contains a report on diphtheria, which traces its origin to a period long antecedent to Hippocrates, and nearly cotemporary with Homer, it being known then as Malum Egyptiacum. It refers to similar epidemics in Rome, (A. D. 380); in Holland, 1337; in Spain, 1600; in Naples, 1619, when out of a small population it carried off five thousand persons. Diphtheria it would appear ravaged New York city in 1771 and 1813. The deaths of Washington and the Empress Josephine are attributed to it. From careful study of the French epidemics since that of Tours in 1824, diphtheria would appear to have traversed nearly all the departments, passing from the south littoral districts toward the centre. The epidemics which appear most closely to resemble those which have occurred in England are those of Paris and Boulogne in 1856.

Both in England and France diphtheria has shown itself regardless of meteorological, climatic or cosmic influences, and careless of limitation, heat, cold, dryness and moisture. Its course has been from the southeast counties toward the centre of the country, and then toward the north. Its violence appears to be equally aggravated by domestic uncleanliness, certain predisposing individual conditions, and want of hygienic arrangements.

Diphtheria is said to be eminently contagious; so that the first precaution should be the complete isolation of the patient attacked.

AMERICAN.

Anæsthesia in Insanity.—Dr. John E. Tyler, Superintendant of the McLean Asylum, in his last annual report, says of the use of ether in the institution: "It is daily proving itself a valuable agent in the treatment of insanity. So far as I have learned, no accident or uncomfortable occurrence has ever resulted from a discriminating use of a pure article. The object of etherization with us, I hardly need say, is the tranquilization of the nervous system—the producing of sleep—or, if not sleep, repose; and therefore, in the various forms of mania, melancholia, and hypochondria—of which persistent and protracted vigilance is both an attendant and feeder, and consequent exhaustion endangers life, and where, as is often the case, all ordinary medication has proved utterly unavailing—ether is found to be invaluable and effectual, causing more than a mere temporary effect of quiet and sleep, by a general soothing and curative influence on the system."

Nursing Sore Mouth and Disease of the Uterus.—Dr. M. M. Pallen of St. Louis, (*St. Louis Medical and Surgical Journal,*) in some remarks on stomatitis materna, speaks as follows of the connection between this affection and uterine disease:

"From the uniformity with which I have met with disease of the uterus in stomatitis materna, I have concluded that it plays an important part in the production of the disease. I suppose that the affection exists prior to the sore-mouth, and pregnancy or lactation, as the case may be, increases it to such an extent that gastric derangement results, and this is followed by the trouble in the mouth. This view is supported by analogy. Disease of the womb very often produces severe gastric derangement. Often, too, stomatitis is produced by gastric derangement, both in children and in adults; and, moreover, I have seen sore-mouth in females laboring under disease of the womb and dyspepsia, when they were neither pregnant nor nursing a child. I have noticed that when a female has had nursing sore-mouth with one child, and it returns with the birth of a second one, she has suffered during all this time with the symptoms of uterine disease; and if the uterine affection be cured the disease does not return with a subsequent pregnancy, or lactation.

In view of these facts, in the treatment of stomatitis materna I direct my attention to the condition of the womb, at the same time attending to the condition of the stomach. One of the most valuable remedies to relieve the acidity of the latter, as well as to restrain the diarrhœa, is the sub-nitrate of bismuth, in ten grain doses, to be taken after each meal. When the diarrhœa is very severe, I use some astringent—in combination with morphia. Dr. Barker strongly recommends glycerine in half table-spoonful doses, four or five times per diem. Strict attention must be paid to the proper kind of diet."

Classification of Diseases of the New York Eye Infirmary. By F. J. Bumstead, M. D.—Dr. B. (*N. Y. Jour. of Med.*) reports four thousand two hundred and nine cases of diseases of the eye and ear, treated at the infirmary during the year 1858.

Accompanying his classification, is their method of treatment. We observe nothing new, with the exception of the use of tannic acid and glycerin in granular lids, claimed as having been first introduced by C. R. Agnew, M. D., of the Infirmary. Proportion a drachm of the former to an ounce of the latter.

Dr. A. M. Slocum, Chief Resident Physician of the Northern Dispensary of this city, late of Cincinnati, informs us of having first used tannic acid in water, for the same disease, in 1851. He has since been applying it in cases under his charge, and reports favorably.

Dr. B. gives two formulas of the Eye Infirmary, which are probably used more than any others, where a mercurial and tonic are required, viz:

℞. Hydrarg. cum cretæ, gr. ij.
Quiniæ sulph., gr. i.
M. ft. pulv.

℞. Hydrarg. cum cretæ, gr. ij.
Quiniæ sulphatis, gr. i.
Pulv. ipecac et opii, gr. iv.
M. ft. pulv.

In cases of iritis these are invaluable. Dr. B. finds the ophthalmoscope indispensable. "The slightest shade of lenticular or capsular opacity can be detected long before the cataract is visible to the naked eye." They find it especially reliable in amaurotic cases, to form of progonsis.

The "Spanish Apple."—Dr. T. Morton Lyle, of Gonzales, Texas, (*N. O. Med. News*) recommends the Spanish apple—*Malvaviscus Drummondii*—as a valuable addition to our catalogue of demulcents and emollients. Dr. Lyle uses the root, though the whole plant

abounds with the mucilaginous principle. He regards the mucilage as superior to that of the *Cactus Opuntia* or the *Ulmus Fulva*. He employs it internally in cases in which demulcents are indicated, and externally in the form of cataplasms, ointments, etc. Why might there not be an officinal ointment prepared from it — *Ung. Malvavisci* — to occupy the place of the *Ung. Althææ* of the British pharmacopœias, which is certainly a useful preparation.

Double Vagina and Os Uteri.— Dr. Stickel of St. Louis reports (*St. Louis Medical and Surgical Journal,*) a singular case of anomalous formation of the vagina and uterus Having occasion to make a vaginal examination in a patient, he found a double vagina and double os uteri.

The septum dividing the vagina was oblique in direction—in relation to the natural passage—commencing close to the clitoris on the right side, and stretching down to the centre of the labia on the left, forming a perfect partition through the whole length of the vagina, and at the termination of each passage was a perfect and complete os uteri. The patient said she menstruated from each passage alternately, but never from both at the same time; she did not say whether the alternation was regular. She had borne one child.

Medical News.

☞ *To Correspondents.*—The circulation of the REPORTER, reaching as it does every section of our land, offers an excellent vehicle for communications of general interest to the profession. These will be acceptable in proportion to their brevity, their general interest, and their freedom from personalities.

New subscribers will please *be particular* to write their own name, post office, county and State, PLAINLY. We have no time to spell out bad chirography.

DR. JAMES ROBERTS, of Carbondale, Illinois, and DR. CALVIN WEST, of Hagarstown, Indiana, will receive subscriptions and communications, and forward them to us.

The money must invariably accompany the order for the REPORTER. Send current paper, postage stamps, or gold, *secured between cards, which should be firmly pasted together.*

German Hospital in London.—There is in London a German Hospital, which accommodated seven hundred and sixty patients in the year 1858, one hundred and forty-two of whom were suffering from recent accidents. Since the opening of the Hospital in October, 1845, eight thousand two hundred and sixty-three patients have been admitted.

There are also three German Dispensaries in connection with the Hospital, through which eleven thousand five hundred and fifty-three patients were attended last year.

The object of the institution is the benefit of the poorer class of the German population in London.

All the "*ics,*" "*tics,*" "*lics,*" "*isms,*" "*cisms,*" "*ists*" and "*pathies,*" are said to be compounded into what is called Eclec*tic*, which is therefore the most comprehensive of them all, and at the same time the least original. Most other fallacies spring up at once, create a great sensation and often stagger and stun even the intelligent, by the startling novelty of their propositions, bewilder the unwary by the immensity of their promises, and then die out. But the Eclectics keep themselves alive by swallowing everything which happens to turn up, until they have become, like Macbeth's caldron, an extraordinary conglomeration of such incompatibles as Injun doctoring, Dutch homœopathy, water cure, electropathy, physio-medicalism, etc. With such a variety of baits they hope to allure those of every variety of medical taste. And they have *colleges* too to manufacture the article. These are mills which bring forth real "yarb doctors" from the crudest material, in an incredibly short time, reminding us of a machine said to be recently invented, into one end of which goes the whole hog and speedily from the other comes out "link'd sweetness" in the shape of sausages.

There is a feeble *college* of the kind in this city, which holds an existence as if under the sedative and nauseating influence of "lobelia," but Cincinnati is entitled to the claim of being the *centre* of that variety of empiricism.

Died in the Wool.—A curious suit has been brought against a chemist in Newcastle, England, to recover the value of a flock of seven hundred sheep which were poisoned under very peculiar circumstances. The sheep after being clipped, were dipped in a chemical solution bought of the defendant, and then turned out into a large field. Immediately afterwards a heavy rain occurred which washed the solution from the fleece into the grass of which the sheep eat, and they nearly all died. A donkey and an ox, which grazed in the same field, also died. Seventy thousand dollars damages were awarded to the plaintiff!

Iodized Food.—Dr. Bionet, of the French Academy of Medicine, in a recent paper asserts that scrofula and other cachexiæ, may be removed by introducing iodine into the general diet of the patient. He proposes to do this by making iodized food, compounded of such plants as contain iodine, as sea weeds and cruciferous plants, and introduced into bread, cakes, syrups, etc.

☞ The Registration bill for this city, now before the Legislature, we learn passed the lower House without opposition, on Wednesday, and has probably by this time passed the Senate, with the addition of an amendment, proposed, we believe, by Dr. Hays, requiring the age, and place of nativity of parents.

☞ Gov. Morgan, of New York, made the following nominations on Wednesday:—For *Health Officer* of the city of New York, Dr. ALEXANDER GUNN, of New York; for *Resident Physician at the Marine Hospital*, Dr. JAMES H. JEROME, of Trumansville. The former office is estimated to be worth at least $25,000 a year.

An Albany correspondent of the *N. Y. Times* gives the names of fifteen physicians who were candidates for the office, among whom we notice such names as Drs. Gurdon Buck and Blakeman, of New York, and Cogswell, of Albany. Such appointments are usually made on the score of political availability, rather than of capability to discharge the duties of the office to the best advantage.

☞ The following is a tabular statement of the results of medical teaching in this city the past winter, as already published in detached items in former numbers of the REPORTER:

	Matriculants.	Graduates.
University of Pennsylvania,	410	140
Jefferson Medical College, -	570	256
Penn'a " "	130	33
Philada. " "	70	19
Penn'a Coll. of Dental Surgery,	48	25
Philad'a Coll. of Pharmacy,	88	21
Totals, - -	1,316	494

Humboldt.—The *New York Medical Press* publishes a recent letter from this remarkable man, who now in his ninety-first year, retaining still the highest mental ability, stands preeminently as the very ideal of natural, mental and physical endowment, unequalled energy, and intense, unselfish, life-long application to almost every department of science. He seems a colossal embodiment of the science of the life-times of three departed generations, and some of his greatest achievments were accomplished before most who are now living were born.

The letter alludes to the death of Müller, the distinguished physiologist, and solicits interest in the proposed transfer to and sale of his library in this country, a large portion of which, it is probable, will eventually reach this city.

His style of correspondence is that of youthful vigor, and amounts, he says, to twenty-five hundred letters a year.

☞ A conference committee of the Legislature of this State has agreed upon a bill changing the mode of electing Boards of Guardians of the Poor in this city. The bill provides for the election of nine members—three to be appointed by the Supreme Court, three by the District Court, and three to be elected by the City Councils.

The Dental News Letter is agitating the subject of employing dentists in the army.

The American Dental Convention at its last meeting appointed a committee to memorialize Congress on the necessity for military dentistry, who alluding to the sufferings of armies from teeth affections, during lengthy marches and exposure, remark that "the soldier has as much need for his teeth as for his limbs, and we are quite sure that he does more eat-

ing than fighting, and should therefore be furnished with the needful appliances for the effective performance of the former, as he is for the latter."

We learn that Dr. J. J. Woodward intends giving during the summer an elementary course in Physiology, illustrated by experiments and vivisections.

The first lecture will be delivered in Dr. Agnew's lecture room, (College avenue, Tenth street, above Chestnut street,) on Monday afternoon, April 4th, at 3½ P. M.

MARRIAGES.

LARISON–FISHER—At Ringoes, N. J., on the 9th of March, by Rev. J. Kirkpatrick, D. D., G. H. LARISON, M. D., of Dolington, Pa., to Miss SARAH Q. FISHER, of Ringoes, N. J.

DEATHS.

ALCOTT—At Auburndale, Mass, March 29th, WILLIAM A. ALCOTT, M. D., a well known author and physician.